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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

42		
Application Number	10/027,878	
Filing Date	10/26/2002	
First Named Inventor	McLister	
Art Unit	2161	
Examiner Name		
Attorney Docket Number		

To: Commissioner for P.O. Box 1450 Alexandria, VA 2							
Please withdraw m	e as attorney or age	nt for the above iden	tified patent applic	cation, a	ınd		
all the attorne	ys/agents of record.						
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the attorneys/agents associated with Customer Number							
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The reasons for this	s request are:		, .				
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OR				,			
Firm or Individual Name	William Flynn						
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Name William Flynn	111. 4						
Signature	Ille Thy	m	Registration	No.	0,941		
Date 9/29/04			Telephone N	lo.			
NOTE: Withdrawal is effective that of a time period for respon	when approved rather than use or possible extension o	when received. Unless the eriod, the request to withdo	ere are at least 30 day aw is normally disappr	s betweer oved.	approval o	of withdre	awal and the expiration

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you recuire to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.